

HOUSE BILL NO. 452

INTRODUCED BY WINDY BOY, MATTHEWS, HANSEN, KITZENBERG, WISEMAN, TESTER, ELLIOTT,
WANZENRIED, PARKER, BERGREN, WILLIAMS, CAMPBELL, GUTSCHE, DOWELL, BECKER,
CAFERRO, PEASE, ROBERTS, BRANAE, SMALL-EASTMAN

A BILL FOR AN ACT ENTITLED: "AN ACT IMPLEMENTING CERTAIN RECOMMENDATIONS TO REDESIGN
THE MEDICAID PROGRAM SPECIFICALLY INVOLVING INDIAN TRIBES, TRIBAL HEALTH CARE
FACILITIES, AND INDIAN HEALTH SERVICE HEALTH CARE FACILITIES; REQUIRING THE DEPARTMENT
OF PUBLIC HEALTH AND HUMAN SERVICES TO ENSURE REQUEST A WAIVER OF FEDERAL MEDICAID
LAW SO THAT ANY REDUCTIONS IN MEDICAID ELIGIBILITY DO NOT SHIFT COSTS TO TRIBAL OR
INDIAN HEALTH SERVICE HEALTH CARE FACILITIES; REQUIRING THE DEPARTMENT TO WORK WITH
TRIBAL GOVERNMENTS TO EXPLORE POSSIBILITIES FOR THE CHILDREN'S HEALTH INSURANCE
PROGRAM TO LEVERAGE FULL REIMBURSEMENT FEDERAL FINANCIAL PARTICIPATION; REQUIRING
THE DEPARTMENT TO EXPLORE OPTIONS OR WAIVERS OF MEDICAID LAW FOR THE PURCHASE OF
PRESCRIPTION DRUGS ON A RESERVATION AT TRIBAL OR INDIAN HEALTH SERVICE HEALTH CARE
FACILITIES; REQUIRING THE DEVELOPMENT OF A POLICY AND PROCESS TO REVIEW INDIAN
ELIGIBILITY ISSUES; REQUIRING THE DEPARTMENT TO WORK WITH INDIAN TRIBES TO IMPROVE THE
PROVISION OF MEDICAID SERVICES TO INDIANS; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. ~~Department requirement to protect~~ PROTECTION OF tribal and Indian**
health service facilities from cost-shifting -- seeking to leverage ~~full reimbursement~~ FEDERAL FINANCIAL
PARTICIPATION for state children's health insurance program -- ~~field reviews -- improvement of provision~~
~~of medicaid services~~ AND MEDICAID. (1) ~~The department shall seek to protect tribal and Indian health service~~
~~health care facilities from cost-shifting from the 100% federal reimbursement of medicaid costs to either the tribal~~
~~or Indian health service health care facilities through any reductions in eligibility categories, eligible services, and~~
~~reimbursement levels in the current medicaid program or through application for new or amended waivers of~~
~~federal medicaid law.~~ THE DEPARTMENT SHALL SEEK EXEMPTIONS UNDER FEDERAL MEDICAID LAW OR REGULATIONS
TO PROTECT INDIAN HEALTH SERVICES AND TRIBAL FACILITIES FROM CHANGES IN ELIGIBILITY CATEGORIES, COVERED

SERVICES, AND REIMBURSEMENT LEVELS UNDER THE MEDICAID PROGRAM THAT COULD POTENTIALLY RESULT IN A DIRECT SHIFT OF COSTS FROM THE 100% FEDERAL MEDICAID MATCHING AVAILABLE UNDER MEDICAID TO EITHER INDIAN HEALTH SERVICES OR TRIBALLY SPONSORED HEALTH CARE SERVICES.

(2) The department shall, ~~at the request of a tribe~~ WORK WITH TRIBES or representatives from the federal Indian health service ~~with the support of a tribe in Montana,~~ TO seek mechanisms, including, if necessary, a waiver of federal law as permitted by section 1915 of Title XIX of the Social Security Act, 42 U.S.C. 1396n(b), to ensure that federal Indian health service-eligible medicaid participants who live on reservations may have any prescription filled at tribal or Indian health service health care facilities.

(3) The department shall work with tribes to explore the options for the state children's health insurance program, ~~reviewing the options of continuing the contract for which a waiver of cost-sharing is allowed or moving to a medicaid expansion program that provides 100% reimbursement but requires cost-sharing~~ TO LEVERAGE 100% FEDERAL FINANCIAL PARTICIPATION FOR HEALTH CARE SERVICES TO INDIAN CHILDREN.

(4) The department shall engage the federal centers for medicare and medicaid services and the United States congress to support efforts to have all services ~~for~~ PROVIDED BY AND REFERRED FROM AN Indian health service-eligible Indians SERVICE included in the state medicaid plan eligible for the 100% FEDERAL FINANCIAL PARTICIPATION MATCH UNDER medicaid ~~reimbursement rate~~ regardless of the location where services are provided.

(5) (a) The department shall develop a policy and process to periodically review Indian-eligibility issues as they relate to medicaid and to include tribal government, urban Indian, and Indian health service representation in the development of a policy and process. ~~Field reviews~~ REVIEWS conducted by the department in areas on or near reservations or in urban areas with significant Indian populations must include consultation with representatives of tribal governments and urban Indian programs.

(b) The department shall explore the issues and feasibility of applying for a federal waiver of medicaid law for a demonstration project to delegate authority to eligible tribes for determination and certification of medicaid eligibility.

(6) The department shall work with tribes to foster a spirit of cooperation, to identify and remove current institutional barriers that limit the participation of tribal members in the medicaid program, and to develop strategies, including education, to improve the mechanics of providing medicaid services to Indians by:

(a) ensuring that tribes have an adequate opportunity to review and verify data used to monitor medicaid services and eligibility status and to modify or promote changes in medicaid policy;

(b) consulting with tribal and urban Indian representatives on the effective use and appropriate sources of information on health care needs of Indians;

(c) at the request of a tribal representative, conducting technical assistance workshops to address issues specific to tribal needs regarding matters of centralized billing procedures, sound health care business practices, and development of needed health care infrastructure; and

(d) in compliance with the requirements of 2-15-141 through 2-15-143, consulting with tribes on any policy changes that may impact services or programs operated by tribes.

NEW SECTION. Section 2. Notification to tribal governments. The secretary of state shall send a copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell band of Chippewa.

NEW SECTION. Section 3. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 53, ~~chapter 2, part 2~~ CHAPTER 6, PART 1, and the provisions of Title 53, ~~chapter 2, part 2~~ CHAPTER 6, PART 1, apply to [section 1].

NEW SECTION. Section 4. Effective date. [This act] is effective on passage and approval.

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